PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Colorado – Hospital Discharge Fast Track

Issue: Improving Acess to Community Options for People Discharged from Hospitals

Summary

Colorado started the Fast Track program to improve access to home and community-based services (HCBS) after a hospital discharge. In this program, a Medicaid HCBS waiver case manager and Medicaid financial eligibility staff work at a major urban hospital to facilitate quick eligibility determination for hospital patients who need long-term care after discharge. Between March 1999 and June 2001, 149 people avoided likely nursing facility placement and successfully started receiving HCBS after a hospital discharge.

Introduction

A Colorado study in the mid-1990's estimated 40% of Medicaid participants admitted to nursing facilities were admitted from a hospital. Colorado also estimated one-third of these people could have used home and community-based services (HCBS) instead of a nursing facility after their hospital discharge. Colorado implemented the Fast Track program to decrease inappropriate nursing facility admissions from hospitals by establishing eligibility for HCBS more quickly.

An estimated two-fifths of Colorado Medicaid nursing facility residents entered the facility after a hospital stay.

For people leaving hospitals, one advantage to using nursing facilities is that nursing facilities can begin serving people immediately after discharge and after level of care determination, even if Medicaid financial eligibility has not been determined. If the person is eligible for Medicaid, nursing facilities can be reimbursed for services up to three months before eligibility is determined, if the person was eligible during that time. By comparison, Medicaid HCBS waiver services cannot begin until Medicaid financial eligibility and a need for a level of care available under a waiver have been determined. Colorado estimated that participants waited an average of 20 days for level of care determination and 45 days for financial eligibility determination. Financial eligibility delays were due in part to incomplete documentation of a person's income and assets.

This report briefly describes the Fast Track program, in which Medicaid financial eligibility and HCBS waiver case management staff work on-site at a hospital to determine waiver and Medicaid eligibility for hospital patients. All information is based on state and local reports about the program, and interviews with state and local staff conducted as part of an evaluation of Colorado's Nursing Home Transition Demonstration Grant. Medstat conducted the Nursing Home Transition Demonstration Grant evaluation under a contract with the Assistant Secretary for Planning and Evaluation and the Centers for Medicare & Medicaid Services, both part of the U.S. Department of Health and Human Services.

Background

Fast Track is a partnership between Colorado's Medicaid agency – the Department of Health Care Policy and Financing – and the local organizations that operate the program on a daily basis. The Denver Department of Social Services, like other county social service departments in the state, determines Medicaid financial eligibility for all Medicaid participants. *Total Long Term Care* is the Options for Long Term Care agency in the Denver area for Medicaid HCBS waivers for older people and people with physical disabilities. Options for Long Term Care agencies conduct assessments

to determine whether people require the level of care necessary for HCBS, and provide case management for people who receive HCBS. Denver Health Medical Center (DHMC) is a hospital serving the Denver area, which started as a public hospital and is now an independent non-profit.

Intervention

Under Fast Track, a three-person team works with people to help them obtain Medicaid. The team includes a financial eligibility technician from the county and a case manager from the Options for Long Term Care agency. The third person, called a "runner," gathers the necessary documentation to verify Medicaid financial eligibility. The runner contacts family members, banks, attorneys, and other people identified by the person to gather this information.

Case manager and financial eligibility staff work at the hospital with people at risk of a nursing facility admission.

People enter the Fast Track program through hospital social workers that coordinate discharge planning for DHMC. The social workers inform the Fast Track team about hospital patients likely to enter a nursing facility after discharge and likely to be eligible for Medicaid.

If the person is not already receiving Medicaid, the financial eligibility technician and the runner work with the person to determine whether he or she is eligible for Medicaid. They also contact Colorado's Disability Determination Services (DDS), which determines whether people meet the disability criteria for Supplemental Security Income (SSI) and Medicaid.

The case manager assesses the person's needs and works with the person to develop a plan for living in the community, regardless of whether Medicaid eligibility is established. Once the person is discharged from the hospital and receiving HCBS, the person receives a new case manager from the Options for Long Term Care agency, who will work with the person on an ongoing basis.

Even with the expedited eligibility process under Fast Track, the person's eligibility for HCBS and Medicaid is often not determined before the person leaves the hospital. When this happens, the case manager and the person identify other resources, including informal support from friends and family members, to support the person in the community in the interim. If nursing facility placement is necessary, either for rehabilitation or due to a lack of assistance until HCBS and Medicaid eligibility is established, the case manager continues to work with the person in the nursing facility until: 1) the person moves into the community with HCBS, 2) Medicaid and/or HCBS eligibility is denied, or 3) the person chooses to remain in the nursing facility.

Implementation

The idea for Fast Track came from the Denver Department of Social Services and Denver Health Medical Center, who together proposed a pilot program in 1996. These organizations worked with the state and *Home Care Management*, the Options for Long Term Care agency in Denver at that time, to design a pilot program that was similar to the current program.

The initial pilot operated in 1997 and was funded by local agencies. The hospital provided office space, the county assigned one full-time financial worker to the hospital, and the Options for Long Term Care agency assigned a case manager to the hospital 20 hours a week. The pilot ended when the Options for Long Term Care agency said it could not afford to keep a case manager at the hospital.

Colorado restarted the program as part of a federal Nursing Home Transition Demonstration Grant awarded in 1998. Grant funds paid for a case manager and a runner, both employed by *Home Care Management*. The case manager's time increased from 20 to 30 hours per week. The program operated under the grant from March 1999 through May 2000. Starting in July 2000, the state continued the program with Medicaid administrative funds – half state and half federal – for the case manager and runner.

Denver Health Medical Center was an ideal hospital to start Fast Track because it serves a greater share of Medicaid participants than other area hospitals. In addition to helping people obtain HCBS more quickly, the eligibility

technician and runner determine financial eligibility for people who have been in the hospital 30 or more days. These people may qualify for Medicaid under institutional eligibility standards. An on-site financial eligibility technician and a runner also enable these people to obtain Medicaid quickly, so the hospital can bill Medicaid quickly. Local staff indicated a full-time eligibility technician and a runner may not be necessary if Fast Track were replicated at a hospital with fewer Medicaid admissions.

Impact

Between March 1999 and June 2001, the case manager assessed 234 Fast Track candidates, and 149 people avoided a long-term nursing facility stay as a result of expedited Medicaid and HCBS eligibility processing. During State Fiscal Year 2001 (July 2000 – June 2001), the average length of time required for a person to obtain eligibility was nine days.

In two years, 149 people avoided long-term nursing facility stays.

The most common reasons people did not use HCBS after Fast Track assessment were 1) a decision to go to a nursing facility, 2) refusal of services, and 3) not meeting eligibility criteria for Medicaid and/or HCBS. Approximately 70% of these 149 people returned to their own home after being discharged from the hospital; other participants chose community residential facilities or a relative's home. The state's administrative cost is approximately $70,000 per year, which pays for the case manager and the runner. Due to various staffing changes in the program, 2001 data are the most recent data available.

Contact Information

For more information about Colorado's Fast Track program, contact Latrice V. Burrell at the Colorado Department of Health Care Policy and Financing at (303) 866-5902 or latrice.burrell@state.co.us.

Discussion Questions:

How can this practice be adapted to work in rural areas or smaller hospitals?

Could this model of on-site financial eligibility and waiver case management staff work in some nursing facilities?

One of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' web site, http://www.cms.hhs.gov/promisingpractices. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.